

**REPORT OF ADDITIONAL CLASSIFICATION AND RATE**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE**

SFN 52337 (05/02)

ATTACHMENT A

<b>REPORT OF ADDITIONAL CLASSIFICATION AND RATE</b> <b>NORTH DAKOTA DIVISION OF COMMUNITY SERVICES</b>														
Report of Additional Classification and Wage														
General Decision Number	Modification Number	County												
*Trade Classification		Contract Award Date												
Project Name		Project Number												
<p>Complete one of the following paragraphs A-D to document that the classification and wage rate are prevailing in the area for your type of construction.</p> <p>A. As Prime Contractor I have surveyed the following contractors (in the area) and have found the classification of work at the following rate of pay and fringe benefits (where applicable):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="text-align: center; width: 50%;">Contractor/Location (city/state)</th><th style="text-align: center; width: 20%;">Base Rate</th><th style="text-align: center; width: 30%;">Fringe Benefits</th></tr></thead><tbody><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td><td>_____</td></tr></tbody></table> <p>Proposed Prevailing Rate _____ Plus Fringe Benefit of _____</p>			Contractor/Location (city/state)	Base Rate	Fringe Benefits	_____	_____	_____	_____	_____	_____	_____	_____	_____
Contractor/Location (city/state)	Base Rate	Fringe Benefits												
_____	_____	_____												
_____	_____	_____												
_____	_____	_____												
<p>B. I am currently under a labor agreement and this classification has a base rate of _____ and fringe benefit of _____, according to our contract.</p> <p>Copy of contract enclosed <input type="checkbox"/>; copy of union contract has been provided to your office _____.</p>														
<p>C. I am not under a union agreement or the union agreement does not state the requested classification and rate proposed; however, the employee and/or his/her representative have agreed that this classification is prevailing and has the following prevailing base rate of _____ and fringe benefits of _____.</p>														
<p>Employee _____</p> <p>Or Representative _____</p> <p>Title _____</p>														
<p>D. Attached are signed statements from the Secretary of the Trade Association representing contractors (e.g., AGC, ABC) and the Secretary of the Building Trades Council having jurisdiction (representing Labor), stating the classification is prevailing and the prevailing minimum wage rate.</p>														
_____ (Signature of Prime Contractor)		_____ Date												
_____ North Dakota Division of Community Services		_____ Date												
<p>*Additional classifications needed for work not included within the scope of classifications listed in the DOL wage decision may be added after award only as provided in the labor standards contract clauses[29 CFR 5.5 (a)(1)(ii)].</p>														